

Inspection Report

Auditor: Karanvir Singh
Inspected Date: Mar 27, 2024

Department: Pattern Shop
Machine: Bosch Radial Chop Saw
Model Number:
Manufacturer: Bosch
Serial Number:

	Activity Task	Hazard	Sev	Exp	Avd	Total	Current Safeguards	Corrective Action	WO Num	Assigned to
1	Cutting Material	Amputation-contact with blade	3	2	2	PR1 12	Hold to run controls awareness			

Auditor: Karanvir Singh
Inspected Date: Mar 27, 2024

Department: Pattern Shop
Machine: Bosch Radial Chop Saw
Model Number:
Manufacturer: Bosch
Serial Number:

	Question	Corrective Action	Pass/Fail	Work Order Number	Assigned to
1	Safe Work Procedure posted?				
2	Are all Emergency Stops clearly marked and functioning properly?				

Auditor: Karanvir Singh
Inspected Date: Mar 27, 2024

Department: Pattern Shop
Machine: Bosch Radial Chop Saw
Model Number:
Manufacturer: Bosch
Serial Number:

	Question	Corrective Action	Pass/Fail	Work Order Number	Assigned to
1	Are Emergency Exits clear and unobstructed?				
2	Are Emergency Exits clearly identified?				
3	Are Fire Extinguishers/Fire Control Equipment clearly visible and identified?				
4	Have the Fire Extinguishers/Fire Control Equipment been recently inspected?				
5	Are the Eyewash Stations working and clean, and unobstructed?				

Auditor: Karanvir Singh
Inspected Date: Mar 27, 2024

Department: Pattern Shop
Machine: Bosch Radial Chop Saw
Model Number:
Manufacturer: Bosch
Serial Number:

	Question	Corrective Action	Pass/Fail	Work Order Number	Assigned to
6	Are all the sprinkler heads in your location unobstructed?				
7	Is Access to the Electrical Panels clear and unobstructed?				
8	Are carts in good condition?				
9	Is the lighting all functioning properly and adequate for the area?				
10	Are noise levels adequate with PPE, any high impulse or continual noise?				

Auditor: Karanvir Singh
 Inspected Date: Mar 27, 2024

Department: Pattern Shop
 Machine: Bosch Radial Chop Saw
 Model Number:
 Manufacturer: Bosch
 Serial Number:

	Question	Corrective Action	Pass/Fail	Work Order Number	Assigned to
11	Is the temperature in the area comfortable to work in?				
12	Are all air quality systems working (dust, fumes or vapour present)?				
13	Is the housekeeping (floor and work surfaces) sufficient for the area?				
14	Are the employees using their PPE?				
15	Are all controlled substances labelled in accordance with GHS standards?				

Initials	General Manager	Production Manager	Supervisor	128h	Employee	W/B
----------	-----------------	--------------------	------------	------	----------	-----